

PART B - FEE(S) TRANSMITTAL

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23280 7590 02/27/2004

DAVIDSON, DAVIDSON & KAPPEL, LLC
 485 SEVENTH AVENUE, 14TH FLOOR
 NEW YORK, NY 10018

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Patricia Kane (Depositor's name)
 Patricia Kane (Signature)
 May 20, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/054,726	11/12/2001	Benjamin Oshlack	200.1070CON3	4195

TITLE OF INVENTION: STABILIZED CONTROLLED RELEASE SUBSTRATE HAVING A COATING DERIVED FROM AN AQUEOUS DISPERSION OF HYDROPHOBIC POLYMER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEBMAN, EDWARD J	1617	424-495000

1. Change of correspondence address or indication of "Fee Address" (37 C.F.R. 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents- OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Davidson, Davidson

2 & Kappel, LLC

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Purdue Pharma, LP

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stamford, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0552 (enclose an extra copy of this form).

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Morey B. Wildes, Reg. No. 36,968

(Authorized Signature)

(Date)

May 20, 2004

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05/26/2004 MBERHE1 00000082 10054726

01 FC:1501

1330.00 OP

02 FC:1504

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